

WORCESTER COUNTY

Selection of Focus Area

In 2000, Worcester County Health Department was completing a second comprehensive needs assessment that involved surveys, the APEX process, and a range of agencies, community organizations, and residents. In 1996, this process yielded 10 priority areas, which were revised in 1999-2000 to the following priorities:

Adolescent Sexuality, Aging in Worcester, Alcohol and Other Drugs, Cancer and Tobacco, Child Safety and Immunization, Diabetes, Injury, Mental Health, Physical Activity and other cardiovascular disease risk behaviors, and Perinatal Care.



The Health Department's *number one priority* is to maintain a viable infrastructure of appropriate, well-trained staff; communications systems; fixed assets; suitable physical plant; and other resources. With these in place Worcester Health can focus on three other priorities: tobacco, aging, and mental health. Worcester Health has many partners (government agencies, volunteers, businesses and community-based organizations). In addition, Worcester and its partners work together on regional issues along with others outside the county, e.g., the regional issues in Mental Health, and the award winning Perinatal Council.

DEMOGRAPHIC OVERVIEW

Estimated Population, by Race – 1998

Total	42,780
White	71.7%
Other	28.3%

Estimated Population, by Age – 1998

Under 1	480	18-44	14,960
1-4	1,980	45-64	10,060
5-17	7,010	65+	8,290

All causes Mortality Rate (age-adjusted, per 100,000 population) 1996-1998 540.7

Infant Mortality Rate 1995-1999 9.1

Estimated Mean Household Income – 1999 \$42,300

Estimated Median Household Income – 1999 \$32,200

Civilian Unemployment Rate, Annual Average – 1999 8.8

Labor force (Top 4) – 1995

Retail Trade	8,600	Government (Federal, Military)	2,800
Services	8,400	Finance, Insurance, Real Estate	2,500

Sources: Maryland Vital Statistics, 1999
Maryland Department of Planning, 1995, 1998, 1999

Mental Health

Problem

In Worcester County many children and young adults aged 21 and under, experience the onset of life-long mental disorders. Twenty-eight percent of all mental health services in the public mental health system go to children and adolescents. Sixty-nine percent of outpatient clinical services are used by children and adolescents. Worcester has a high prevalence of mental health consumers who are Medicare eligible. For other children and young adults, normal development is often disrupted by biological, environmental, and psychosocial factors, which impair their mental health, interfere with education and social interactions, and keep them from realizing their full potential as adults. Mental health services, by necessity, involve families.

Number of Services by Age Category				
Setting	Children	Adolescents	Adults	Geriatrics
Inpatient	73	18	153	382
Crisis Services	0	0	13	0
Outpatient	3,326	2,472	2,481	158
Rehabilitation Services	202	118	13,564	4,631
Regional Treatment Centers	220	2,095	0	0

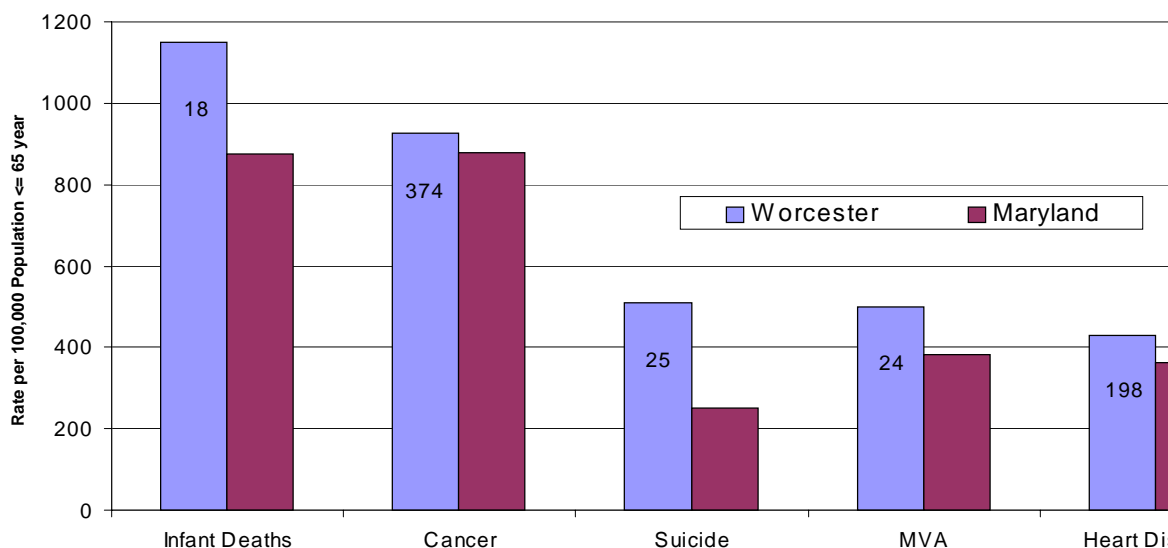
Number of Services by Insurance Status			
Setting	Gray Zone	Medicaid Non-Waiver	Medicaid Waiver
Inpatient	10	190	234
Crisis Services	13	0	0
Outpatient	426	259	7,753
Rehabilitation Services	5,544	844	12,127
Regional Treatment Centers	0	2,095	412

Source: Maryland Health Partners (December 1999) **Note:** WCCSA data modifications

Determinants

Based on national prevalence of mental illness, at any one time 12% of children and adolescents are expected to be in need of treatment. It is estimated that 90% of these children are receiving care, leaving 10% in need of services. Worcester County also has a rate higher than the State rate of ongoing care management of developmentally-challenged individuals, who are at a higher risk of depression and dementias. There were 25 cases of suicide among Worcester County residents under 65 in a three-year period. This is further indication of mental illness in younger age groups.

Top Five Causes of Premature (<=65 Years Old) Death Rates, Worcester County vs. Maryland, 1995-1997



Note: At the top of bar is the number of total deaths in Worcester County during 1995-1997.

Interpretation: From above chart it is clear that the younger the person dies the greater is the rate of productive life lost Age <=65 years every 100,000 population. Infant death has the highest years of potential life lost rate among all other causes of premature death.

Source: CDC Wonder, 1995-1999

The Worcester County Health Department utilizes several methods of needs assessment including consumer and provider surveys and monitoring, peer professional association and inter-agency collaboration and program integration activities. Additionally, each year the Worcester County Core Service Agency hosts an all-stakeholder mental health strategic planning retreat (using focus group tools).

The Worcester County Core Service Agency plans to monitor program activities, process and outcome indicators consistent with the State's "Managing For Results" initiative. The Core Service Agency and the Health Department are always searching for new community partners who share our mission and goals. In this rural area, where resources are relatively scarce, collaborations and partnerships help reduce duplication and help use scarce resources more efficiently.

Objective 1- By 2010, reduce the three year average suicide rate to equal the Maryland rate. "Reduce the rate of suicide attempts by adolescents" is a Healthy People 2010 objective. However, there are a lack of local data with which to measure this indicator. Worcester will use Objective 18-1 "Reduce the suicide rate" as the indicator realizing that this rate includes suicides by persons of all ages. The current rate of suicide for Worcester residents is a three year average for CY1996-1998, at 19.6 per 100,000. The current state rate is 9.1/100,000 (both based on the adjustment to 1940).

Objective 2 - Increase the proportion of children with mental health problems who receive treatment. (Baseline: developmental)

Objective 3 - Increase the proportion of juvenile justice facilities that screen new admissions for mental health problems. (Baseline: developmental)

Objective 4 - Increase the proportion of children and young adults with co-occurring substance abuse and mental disorders who receive treatment for both disorders. (Baseline: developmental)

Action Steps

In response to the Healthy People 2010 objectives identified above, six programmatic innovations have been designed for this rural, psychiatrically underserved jurisdiction. Described below are key action strategies:

Worcester County Crisis Response System (CRT)

The CRT program is a pilot for Ocean City, Maryland to assist the justice and law enforcement system in handling of crisis management. Action Strategies include:

- ⇒ Provide 24-hour, seven day a week, mental health mobile crisis intervention services, including suicide prevention services, to individuals in Worcester County.
- ⇒ Supplement the Maryland Community Criminal Justice Treatment Program (MCCJTP) through on call 24-hour, seven day a week, emergency coverage to the Worcester County Detention Center.
- ⇒ Assist law enforcement officials and the Courts to expeditiously link individuals with mental health needs to community-based mental health programs/services.
- ⇒ Provide consultation to other mental health and human service agencies.
- ⇒ Collect statistical and anecdotal data to develop prevention strategies and design effective programs/services.
- ⇒ Provide mental health cross training to law enforcement and other first responders and develop Critical Incident Stress Management teams to serve Worcester County.
- ⇒ Assume a leadership role and collaborate with all stakeholders to develop the Worcester County Mental Health Disaster Plan.
- ⇒ Assist the Atlantic General Hospital to develop a Department of Health and Mental Hygiene Mental Hygiene Administration (MHA) approved emergency petition facility site.

Transitional Age Youth Initiative (TAY)

The TAY program is a collaborative effort working between a variety of public and private agencies, as well as other local stakeholders and businesses, to develop a culturally competent continuum of community-based services for high-risk youth between the ages of 16 and 24. A multi-disciplinary approach to treatment planning and service delivery will be used to coordinate quality care for youth with mental health and substance abuse treatment issues. Action strategies include:

- ⇒ Comprehensive bio-psychosocial assessment using state of the art tools for comparison and development of individualized treatment plans.
- ⇒ Anticipate barriers to successful rehabilitation.
- ⇒ Focus on increasing the successes the youth experience in each of the critical life domains: Community Supports, Education, Employment, Housing, Health Care, and Legal Involvement.
- ⇒ Determine the most appropriate service and level of care each youth requires to remain in the community.
- ⇒ Provide referral and linkage for the youth to seek alternative resources according to service recommendations.
- ⇒ Create an individualized treatment plan to assist youth in identifying goals and methods of achieving them.
- ⇒ Link youth to appropriate community outpatient mental health and/or substance abuse treatment programs for: Diagnostic Interview Procedures, Individual and Group Therapy, Family Therapy, Pharmacological Management, Psychological Testing, Occupational Therapy using Interdisciplinary Team Treatment Planning and Crisis/Respite Care.

School-Based Mental Health Wellness Program

The School-Based Wellness Program provides mental health care on site in all Worcester County Public Schools, serving children between the ages of five and 17 and their families who are identified and referred by the schools. The program staff:

- ⇒ Provide assessment & evaluation services, individual, group and group therapy, medication, care co-ordination, crisis intervention, anger management, consultation and training.
- ⇒ Act as part of the Board of Education's Life Lines program providing emergency assessments and crisis intervention.
- ⇒ Participate in Pupil Service Team meetings and Individual Education Plan meetings to assist in identifying children in need of mental health services and to serve as consultants to school personnel as they work with children with problems.
- ⇒ Run a summer program that includes a five week, five day a week component for younger children and a shorter intensive five to seven day program for adolescents.

Worcester County Forensic Assessment Program

Frequently individuals who are mentally ill or at high risk to become mentally ill interact with the legal, protective and justice systems before they are referred to the mental health system. The Worcester County Forensic Assessment Program will:

- ⇒ Provide evaluations by a team of mental health professionals for youth referred by the Department of Juvenile Justice (DJJ) after screening, interviewing parents and children at risk for out of home placements, and individuals and families involved in the court system.
- ⇒ Provide a complete bio-psychosocial evaluation including psychological tests when needed.
- ⇒ Make recommendations and referrals for treatment and other services to the individuals, the DJJ, other involved agencies and the Courts.
- ⇒ Make necessary court appearances to review recommendations and review necessary information.

Carter Center DJJ Assessment Program

The Carter Center is a joint DJJ-MHA-Worcester County pilot program to assess and treat Worcester County Youth who are in the regional DJJ detention facility. The program:

- ⇒ Provides assessment of adolescents entering the facility;
- ⇒ Offers follow up treatment and case management; and
- ⇒ Proposes to put in place follow-up services for youth returning to the local community upon release.

Early Childhood Intervention Program

The Worcester County Core Service Agency (WCCSA) has begun to develop an early screening program to identify children at-risk of developing mental health and behavioral issues. This screening program would evaluate children in pre-k, kindergarten and first grade. By the close of the first year of the program (FY 2000), it is anticipated the following Action Strategies will have been accomplished:

- ⇒ Identify screening tools;
- ⇒ Design training procedures;
- ⇒ Review Board of Education and Headstart policies;
- ⇒ Develop relationships with both educational entities;
- ⇒ Identify program evaluation tools;
- ⇒ Confirm linkages; and
- ⇒ Train teachers in all five County elementary schools and one Headstart program in FY2001, the first year of program implementation, early in the academic year.

Partners

Partners are critical to many programmatic objectives. Our key child and adolescent mental health partners include:

Atlantic General Hospital • Department of Juvenile Justice • Headstart • local and state police • Mental Hygiene Administration, DHMH • Maryland Health Partners • Sand Castles, the Health Department’s federally funded Runaway and Homeless Youth program in Ocean City • Worcester County Courts • Worcester County Health Department • Worcester County Mental Health Advisory Council • Worcester County School System

Related Reports

In addition to those mentioned in the overview for the Worcester County Health Department section of this Health Improvement Plan, references include the WCCSA *FY 2001 Worcester County Mental Health Plan*. This document has details of the needs assessment made by the WCCSA. It also contains a comprehensive list of priorities for adult, geriatric and forensic populations and additional objectives for the child and adolescent population.

Worcester County is providing an overview of the Mental Health Improvement Plan. For more details refer to the *Worcester County Fiscal Year 2001 Mental Health Plan* published by the Worcester County Core Service Agency. Also refer to the *Local Health Plan for Fiscal Year 2001*, the *Healthy Worcester Report Card*, the *Worcester Cancer Control Plan*, and other categorical reports.

Cross-Reference Table for Worcester County	
See Also	
Mental Health	101